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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonapplications under 37C.F.R. §1.53(b))</i>		Attorney Docket No.	PC25382A		
		First Inventor	Patrick Bernardelli		
		Title	New Spirocondensed Quinazolinones and Their Use As Phosphodiesterase Inhibitors		
		Express Mail Label No.			
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop _____ Commissioner for Patents Box 1450 Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 30] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets ____] 5. <input type="checkbox"/> Oath or Declaration [Total pages ____]		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies 			
ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) </td> <td style="vertical-align: top;"> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) EP 02292275.1 filed September 17, 2002 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: </td> </tr> </table>				9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) EP 02292275.1 filed September 17, 2002 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:
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18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____ / ____ Prior application information: Examiner _____ Group/Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts					
19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number 28523		or <input type="checkbox"/> Correspondence address below			
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			
NAME (Print/type)	Robert T. Ronau	Registration No. (Attorney/Agent)	36,257		
Signature	<i>Robert T. Ronau</i>		Date 09/17/03		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$1,030.00)

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Other None
Order
 Deposit Account:

Deposit Account Number	16-1445
Deposit Account Name	Pfizer Inc

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	filing fee	

Subtotal (1) \$ 750

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	17	- 20 =	0	x	18	=	0.00
Independent Claims	2	- 3 =	0	x	84	=	0.00
Multiple Dependent			280	=	280		

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 **Reissue independent claims over original patent
1205	18	2205 9 **Reissue independent claims over original patent

SUBTOTAL (2) (\$ 280.00)

*Reduced by Basic Filing Fee Paid

Subtotal (3) (\$)

(Complete if applicable)

Name (Printed/Type)	Robert T. Ronau	Registration No.	36,257	Telephone	860-441-5910
Signature	Robert T. Ronau			Date	09/17/03

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